

DECLARATION and POWER OF ATTORNEY

As a below-named inventor, I declare that I believe that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the invention for which a patent entitled SLIP RESISTANT FITTED COVER is sought; and the subject matter of which is claimed in the specification attached hereto.

I hereby state that I have reviewed and understand the contents of said specification including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

PRIORITY APPLICATIONS

No priority benefit is claimed for earlier-filed, United States provisional or non-provisional applications or for foreign applications.

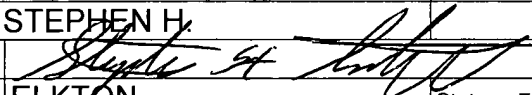
POWER OF ATTORNEY


I hereby grant the power to prosecute this application and to transact all business in the Patent and Trademark Office in connection therewith to the following attorney(s) and agent(s):

Jeffrey C. Lew, Esquire Registration No. 35,935

Address all correspondence to **Customer Number 20454.**

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor		A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
STEPHEN H.		TSIARKEZOS	
Inventor's Signature:			Date: 11/17/03
Residence: City	ELKTON	State or Foreign Country: MARYLAND	
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Additional inventor(s) is/are being named below: Yes			

Name of Additional Joint Inventor		A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Dimitri P.		ZAFIROGLU	
Inventor's Signature:			Date: 11/18/03
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Additional inventor(s) is/are being named below: No			